

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

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|--|--|--|--|---|---|
| NAME OF COMMITTEE (In Full) Granite State Solutions | | | FEC IDENTIFICATION NUMBER ▼ C C00580381 | | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Targeted Victory | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 | | |
| Mailing Address 1033 North Fairfax St Ste 400 | | | Amount 111000.00 | | |
| City Alexandria | | State VA | Zip Code 22314 | | Transaction ID : SE.4256 |
| Purpose of Expenditure Digital Advertising | | Category/Type 004 | | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 | |
| Name of Federal Candidate HASSAN, MARGARET WOOD, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH |
| Calendar Year-To-Date Per Election for Office Sought | | | 13472117.30 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y | | |
| Mailing Address | | | Amount | | |
| City | | State | Zip Code | | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y |
| Purpose of Expenditure | | Category/Type | | M M / D D / Y Y Y Y Y Y | |
| Name of Federal Candidate | | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |
| <div style="display: flex; justify-content: space-between;"> <div> <p>(a) SUBTOTAL of Itemized Independent Expenditures..... ▶</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures ▶</p> <p>(c) TOTAL Independent Expenditures..... ▶</p> </div> <div style="border: 1px solid black; padding: 5px; width: 60%;"> <p style="text-align: right;">111000.00</p> <p style="text-align: right;">111000.00</p> <p style="text-align: right;">111000.00</p> </div> </div> | | | | | |
| <p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 40%;"> <p><i>Kilgore, Paul, , ,</i></p> <p>Signature</p> </div> <div style="width: 20%; text-align: center;"> <p>[Electronically Filed]</p> </div> <div style="width: 20%; text-align: center;"> <p>Date</p> </div> <div style="width: 20%; text-align: center;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2016 </div> </div> | | | | | |